



Ohio Administrative Code

Rule 3701-22-03 Application for initial, renewal, or transfer licensure; notice to the director; sales, assignments, or transfers.

Effective: [September 14, 2024](#)

(A) Application for a license to operate a hospital, renewal of an existing license may be made either in writing on a form provided by the director and signed by the applicant or the applicant's primary agent, or using an electronic system prescribed by the director and affirmed by the applicant or the applicant's agent. A completed application includes the following:

(1) A nonrefundable license application or renewal fee based on the number of beds within the hospital as follows:

(a) One to fifty beds, four thousand four hundred twenty five dollars;

(b) Fifty one to one hundred beds, eight thousand eight hundred fifty dollars;

(c) One hundred one to one hundred fifty beds, thirteen thousand two hundred fifty dollars;

(d) One hundred fifty one to three hundred beds, seventeen thousand six hundred seventy five dollars;

(e) Three hundred one to five hundred beds, twenty six thousand five hundred dollars;

(f) Five hundred one to seven hundred fifty beds, thirty five thousand three hundred fifty dollars,

(g) Seven hundred fifty one to one thousand beds, forty four thousand one hundred seventy five dollars;

(h) One thousand one to one thousand five hundred beds, fifty three thousand dollars; or

(i) More than one thousand five hundred beds, sixty one thousand eight hundred fifty dollars;



Any fee paid pursuant to this section may be paid either in full at the time of application, renewal, or transfer, or in increments of one-third of the total amount annually.

(2) A nonrefundable service fee in the form of a check or money order made payable to the "treasurer, state of Ohio" or as payment submitted through an electronic system prescribed by the director as follows:

(a) For each maternity unit, three thousand dollars;

(b) For each newborn care nursery, three thousand dollars; and

(c) For each health care service, three thousand dollars;

Any fee paid pursuant to this section may be paid either in full at the time of application, renewal, or transfer, or in increments of one-third of the total amount annually.

(3) The name to appear on the license;

(4) The address of the main hospital location and an attestation signed by the hospital administrator as defined in paragraph (A) of rule 3701-22-01 of the Administrative Code, that includes the address(es) of each "department of a provider," remote location of a hospital," "satellite facility," and "provider based location" as those terms are defined in 42 CFR 413.65.

(a) Locations listed pursuant to this section are operated under the license issued under Chapter 3722. to the hospital that is the "main provider" as that term is defined in 42 CFR 413.65. Only those locations are permitted to be operated under the main hospital's license; and

(b) Hospitals are to maintain a current list of all provider-based locations and notify the director within thirty days of the removal or addition of a provider based location. Failure to provide notice to the director may result in compliance actions set forth in rule 3701-22-05 of this chapter.

(5) A copy of the proof of certification or accreditation, if applicable. For a newly-constructed hospital seeking licensure after October 1, 2024, a copy of the hospital's proof of temporary



accreditation.

(6) A listing of the beds within the hospital, under the following categories:

(a) Adult medical/surgical;

(b) Adult special care (ICU/CCU);

(c) Alcohol or drug abuse rehabilitation;

(d) Burn care;

(e) Hospice;

(f) Long term acute care;

(g) Long term, reported in the following categories:

(i) Skilled nursing facility beds certified under Title XVIII of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) and which are not licensed under Chapter 3721. of the Revised Code;

(ii) Nursing facility beds certified under Title XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) and which are not licensed under Chapter 3721. of the Revised Code;

(iii) Nursing facility beds certified under Title XVIII of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) and Title XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) and which are not licensed under Chapter 3721. of the Revised Code;
or

(iv) Special skilled nursing beds certified as skilled nursing facility beds under Title XVIII of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended (1981) that were originally



authorized by and are operated in accordance with section 3702.521 of the Revised Code or its predecessor;

(h) Neonatal, reported in the following categories:

(i) Level I;

(ii) Level II;

(iii) Level III;

(iv) Level IV;

(i) Obstetric, reported in the following categories:

(i) Level I;

(ii) Level II;

(iii) Level III, including special delivery beds;

(iv) Level IV, including special delivery beds;

(j) Pediatric intensive care (beds in a separate and distinct pediatric intensive care unit where pediatric patients suffering from critical illness receive care);

(k) Pediatric - general (services for patients less than twenty-two years of age are provided);

(l) Physical rehabilitation;

(m) Psychiatric care (beds not licensed by the Ohio department of mental health and addiction services); and



(n) Emergency service.

(B) If the applicant satisfies the requirements described in paragraph (A) of this rule, the director will, as applicable, issue to the applicant a license to operate a hospital, or renew an applicant's license unless the applicant to renew is barred from renewing in accordance with rule 3701-22-05 of this chapter.

(C) The license is valid only for the hospital and any department(s) of a provider, remote location(s) of the hospital, satellite facility(ies), and provider based locations.

(D) If a hospital licensed under this chapter is to be assigned, sold, or transferred to a new owner, the prospective new owner will, at least thirty days prior to the effective date of the assignment, sale, or transfer, apply, on an application provided by the director, for a change of owner and provide the information required by paragraphs (A)(3) to (A)(6) of this rule.

(1) Once the license transfer is approved, the new owner will be responsible for compliance with any action taken or proposed by the director under sections 3722.07 or 3722.08 of the Revised Code, or rule 3701-22-05 of this chapter. If a notice has been issued under section 119.07 of the Revised Code, the new owner becomes party to the notice.

(E) The license holder will post a copy of the license in a conspicuous place in the main hospital and all locations listed pursuant to paragraph (A)(4) of this rule.

(F) Each license issued under this rule is valid for a three-year period unless revoked or suspended. A license expires on the date that is three years from the date of issuance and may be renewed for additional three-year periods.

(G) The license renewal fee, including fees paid as one-third increments annually, specified in paragraph (A) of this rule will be paid not later than ninety days after the director of health mails an invoice for the fee to the license holder. A penalty of ten per cent of the amount of the renewal fee will be assessed for each month the fee is overdue.

(H) Application for a temporary license to operate a new hospital after October 1, 2024 may be made



either in writing on a form provided by the director and signed by the applicant or the applicant's agent, or using an electronic system prescribed by the director and affirmed by the applicant or the applicant's agent. A completed application for a temporary licensure will include the following:

(1) The information required under paragraph (A) sections (3), (4), (5) and (6) of this rule;

(2) A copy of the applicant's occupancy permit; and

(3) A copy of the current state fire marshal inspection report documenting that the applicant is in compliance with the state fire code.

(I) If an applicant satisfies the requirements described in paragraph (H) of this rule, the director will issue to the applicant a temporary license to allow the applicant to operate as a hospital for up to six months for the purposes of completing a certification or accreditation process. Once the applicant receives proof of certification or accreditation, the applicant will apply for full licensure under paragraph (A) of this rule.

(1) The applicant may apply for one extension of a temporary license for up to an additional six months;

(2) If an applicant fails to apply to the department for full licensure by the date of expiration of a temporary license to operate as a hospital, the applicant will cease operating as a hospital.

(J) The licensee will notify the director, in writing:

(1) Within seven days of a change in administrator or name of the hospital.

(2) Seven days prior to the voluntary suspension of operation or closing of the hospital. In the event of involuntary closure, the licensee will provide written notice as soon as possible after learning of the closure.

(3) Ninety days prior to any change to the owner of the entity holding the license. For purposes of this section, such change is not a change of ownership.



(K) Except in the event of emergencies, the licensee will notify the director, in writing, at least fifteen days prior to any construction, modernization, major acquisition, or significant alteration that:

(1) Will result in an interruption of patient care services in any department(s) of a provider, remote location(s) of the hospital, or satellite facility(ies).

(2) Adds a department(s) of a provider, remote location(s) of the hospital, or satellite facility(ies).

(3) Adds hospital building(s), replaces hospital building(s), or expands hospital building(s) patient care areas;

(4) Changes the layout of a patient care area of the hospital that involves removing or replacing walls, adding new or extending existing plumbing or electric service, adding new or extending existing heating, ventilation, or air conditioning service; or adding vacuum or gases; or

(5) Converts non-patient care area(s) to patient care area(s) that involves removing or replacing walls, adding new or extending existing plumbing or electric service, adding new or extending existing heating, ventilation, or air conditioning service; or adding vacuum or gases.

Emergencies resulting in an interruption of hospital services are to be reported as soon as possible, no later than within twenty-four hours, to the director by phone or electronic mail. For purposes of this rule, emergency means an unexpected serious event restricting patient access to hospital services or represents the potential for harm to patients. This may include events involving emergency evacuations, fire suppression, disaster response, law enforcement, and other forms of hazard control and mitigation of an ongoing event.

(L) Failure to provide notice to the director required by paragraph (K) of this rule may result in compliance actions set forth in rule 3701-22-05 of this chapter.

(M) The director may inspect a hospital prior to issuing or denying a license to operate a hospital, or when renewing a license. An applicant may avoid this inspection if the applicant submits with the application a copy of the hospital's most recent final on-site survey report from the federal Centers



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for Medicare and Medicaid Services or an accrediting organization approved under 42 U.S.C.
1395bb(a) demonstrating that the hospital is certified or accredited.